

State Water Resources Control Board



Division of Water Quality

1001 I Street, Sacramento, California 95814 ◆ (916) 341-5551 Mailing Address: P.O. Box 2231, Sacramento, California 95812 FAX (916) 341-5808 ◆ Internet Address: http://www.waterboards.ca.gov

OFFICE OF TANK TESTER LICENSING

APPLICATION FOR RENEWAL & REINSTATEMENT OF TANK TESTER LICENSE

(Rev. 3/06)

Renewal fee: \$600 Reinstatement fee: \$200

Please use this application form to renew and reinstate your tank tester license. When you have completed the form, please send it to: State Water Resources Control Board, Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Amantha Henkel. Please include the following with your application:

- Check or money order for \$800, made payable to *State Water Resources Control Board*. (This amount includes the \$600 renewal fee and the \$200 reinstatement fee.)
- Current equipment certifications.
- Two 1" by 1" color photographs (head only).

| APPLICANT INFORMATION | Email Address: | |
|-----------------------|----------------|----------------|
| Last Name | First Name | Middle Initial |
| Street Address | | |
| City, State, Zip | | Telephone |
| EMPLOYER INFORMATION | | |
| Company Name | | |
| Street Address | | |
| City, State, Zip | | Telephone |

The address and telephone numbers you list will be your address and telephone number of record and will be published in the Office of Tank Tester Licensing (OTTL) List Of Licensed Tank Testers. All correspondence from OTTL will be sent to you at this address.

California Environmental Protection Agency

Applicant signature

Date

| TANK TESTING EQUIPMENT INFORMATION | Please include the information regarding the tank testing equipment you use. If you use more than one type of equipment, please list all. | | |
|---|---|--|--|
| Equipment Manufacturer | | | |
| Equipment Model | | | |
| Date of Manufacturer's Training Certificate (Attach Certificate) | | | |
| PIPE TESTING EQUIPMENT INFORMATION | | | |
| Equipment Manufacturer | | | |
| Equipment Model | | | |
| Date of Manufacturer's Training Certificate (Attach Certificate) | | | |
| | | | |
| APPLICANT CERTIFICATION | | | |
| I DECLARE UNDER PENALTY OF PERJURY THA ON THIS APPLICATION IS TRUE AND CORRECT | | | |

License number